

### **Increasing Penalties for the Sale and Distribution of Fentanyl**

Fentanyl is related to more than half of the 258 drug-related deaths in New Hampshire in 2015, but penalties for the sale and distribution of fentanyl (a synthetic drug) do not match the penalties for the sale and distribution of heroin.

The proposed legislation would add fentanyl to the statute governing heroin (RSA 318:B-26).

- Manufacture, sale or distribution of more than one gram of fentanyl would be subject to a prison sentence of no more than 20 years
- Manufacture, sale or distribution of more than 5 grams of fentanyl would be subject to a prison sentence of no more than 30 years

### **Implementing a Statewide Drug Court Program**

Evidence-based drug courts can give a second chance to people who are in a cycle of drug abuse and crime, making it possible for them to contribute to their communities and families. Right now, New Hampshire has drug court programs in 6 of 10 counties. By reducing the cycle of recidivism, drug courts can also help reduce costs for communities and the state.

Recognizing that successful drug courts are a partnership between the state and the county, and that both the state and the county will accrue long-term savings from a successful drug court, this legislation would appropriate \$3.1 million to establish a statewide drug court program, overseen by the New Hampshire Judicial Branch. The funding would provide for:

- A statewide drug court coordinator, housed in the Judicial Branch.
- Cover 50 percent of the costs for a drug court in every county.
- Require all drug courts to adhere to evidence-based practices, including in selecting participants and establishing penalties.

### **Additional Help for Local Law Enforcement**

Building on the recently announced grant-funded pilot project with the City of Manchester, this legislation would appropriate \$2 million to the Department of Safety and \$800,000 to the Department of Corrections to:

- Partner State Police with local police departments in high-need areas for patrols, enforcement.
- Provide grants to local police departments in high-need areas to pay for additional overtime.
- Address the opioid-related processing backlog at the State Police Crime Lab.
- Add additional probation and parole officers to work with State Police and local departments in high-need areas.
- Add \$135,000 for the NH Department of Justice in order to hire an additional attorney focused on opioid-related crimes and issues.

### **Make it Easier for Patients to Access Treatment**

This legislation would require all insurers to use the latest criteria developed by the American Society of Addiction Medicine (ASAM) for determining treatment for substance-related conditions, making it easier for patients to get into the right level of treatment as quickly as possible.

This legislation would also prohibit prior authorization for initial substance-abuse related treatments.

### **Update Prescriber Practices to Help Prevent New Cases of Addiction**

This legislation would require the boards governing all prescribers (the board of medicine, the board of dental examiners, the board of nursing, the board of registration in optometry, the board of podiatry, the naturopathic board of examiners, and the board of veterinary medicine) to submit updated rules governing the prescribing of opioids by April 1. At a minimum, the new rules should include:

- Standards for conducting and documenting a complete patient evaluation and risk assessment to determine whether a patient is an appropriate candidate for a controlled substance (opioid) prescription, including assessing a patient's risk for substance abuse.
- Prescribing opioids for chronic pain only whether other physical, behavioral and non-opioid medication measures have not resolved, or will not resolve, the patient's pain.
- Requiring use of the state's Prescription Drug Monitoring Database when writing an initial opioid prescription, and rechecking periodically.
- Requiring documentation of a patient's assessment, risk and treatment plan.
- Requiring prescribers to participate in either continuing medical education or an online examination of best opioid prescribing practices.
- Limiting prescriptions based on the patient's evaluation, risk assessment, review of the PDMP database. Limitations shall include:
  - Allowing no more than a 5-day controlled substance prescription in an emergency department or urgent care setting;
  - Only prescribing long-acting opioids for acute pain after the use of short-acting opioids have been attempted or considered;
  - Prescribing at the lowest-effective dose;
  - Documenting informed consent;
  - Document controlled substance treatment agreements or management for chronic pain patients.
- The rules shall contain exemptions for when a controlled substance is prescribed for the management of chronic pain for

(1) Patients with cancer.

(2) Patients with a terminal condition.

- (3) Long-term, non-rehab residents of a nursing home facility.
  - (4) Patients in a hospice program.
  - (5) Patients in a hospital based palliative care program.
- Veterinarians will be required to check the PDMP database for other opioid prescriptions written to an animal's owner.

### **Restoring Opioid Dosage Limits**

Based on a recommendation from the Board of Medicine, this legislation would restore limits on opioid prescribing to a supply of no more than 34 days or 100 dosage units.

### **Strengthen the Prescription Drug Monitoring Program**

This legislation would provide \$100,000 to upgrade the technology of the state's Prescription Drug Monitoring Program, making it easier and quicker to use. In conjunction with that upgrade, prescribers would be required to check the PDMP when writing an initial opioid prescription, and periodically re-review.

Additionally, this legislation would amend current language to allow PDMP access to federal healthcare providers working in New Hampshire, and the Medical Examiner's Office to assist in determining time of death and cause of death.

### **Add Members to the Board of Medicine, Including a Pain Management Specialist**

This legislation would add two members to the Board of Medicine, including a pain management specialist, to better assist in its efforts to provide appropriate oversight of opioid prescribing.

### **Additional Support for The Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery**

This legislation would appropriate an additional \$2 million in 2016 and \$3 million in 2017 to support important community-based treatment, prevention and recovery programs to combat substance misuse.